

Please complete this form in accordance with the process instructions.

American Rescue Plan (ARP) State Fiscal Recovery Funds (SFRF) Request Form

Agency/Point of Contact: Minnesota Department of Human Rights/Scott Beutel, Assistant Commissioner				
Title of Request: Enhanced C	OVID-19 Response			
Date:		Request Amount: \$500,000		
Expenditure Time Period:	11/15/2021	to	6/30/2023	(no later than 6/30/2023)
Brief Summary of Request: (S	ummary must be cor	mplete on thi	s page with supportir	g information attached)
Minnesota Department of Hur Funds request totaling \$500,0			·	n (ARP) Fiscal Recovery
MDHR requests \$500,000 to use pecially as it relates to bias, would support the departmen COVID related disability discriminvestigations.	discrimination, hate, t's efforts to track de	, and other Co emographics	OVID-related issues. A to better understand	dditionally, this request who is being impacted by
Rebecca Lucero	Digitally signed by Rebecca Lu Date: 2021.10.15 14:48:54 -0		11,	/3/2021
Department Head Signature				Date

Form: 7266-01 (July 2021)